

Reference Number: 410-03-DD

Title of Document: Leave Transfer Pool

Date of Issue: February 1, 1989
Effective Date: February 1, 1989
Last Review Date: March 20, 2006 **NO REVISIONS**
Date of Last Revision: September 1, 1995

Applicability: All DDSN State Employees

The language used in this policy does not create an employment contract between the employee and the Department of Disabilities and Special Needs (SCDDSN). SCDDSN reserves the right to revise the contents of this policy, in whole or in part.

PURPOSE

This directive establishes procedures whereby employees of the Department of Disabilities and Special Needs (DDSN) may voluntarily transfer sick and/or annual leave into an agency leave transfer pool from which other DDSN employees, who have been approved as leave recipients under personal emergency circumstances, may draw.

DEFINITIONS

Employing Agency	The South Carolina Department of Disabilities and Special Needs (District).
Leave Donor	An employee of DDSN whose voluntary written request for transfer of annual or sick leave to the pool leave account has been approved.
Leave Recipient	An employee of DDSN who has a personal emergency and is selected and approved by DDSN to receive annual or sick leave from the pool leave account of DDSN.
Personal Emergency	A medical or family emergency or other hardship situation that is likely to require an employee's absence from duty for a prolonged period of time and to result in a substantial loss of income to the employee because of the unavailability of paid leave.

RECORDS AND REPORTS

The Department of Disabilities and Special Needs will establish two separate leave transfer pool accounts, a sick leave transfer pool and an annual leave transfer pool. The following records will be developed and used to implement, maintain and document leave transfer pool activity:

- Donation Request Form (See Attachment A)

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- Recipient Request Form (See Attachment B)
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- Leave Restoration Form (See Attachment C)

Annual records will be maintained reflecting the following information on a calendar year basis.

Sick leave -total hours and cost of:

- (1) sick leave donated;
- (2) sick leave used by recipient(s);
- (3) sick leave restored, if any;

Annual leave -total hours and cost of

- (1) annual leave donated;
- (2) annual leave used by recipient(s); and
- (3) annual leave restored, if any.

Each region having activity (donations and/or approved requests for leave transfer) in a calendar year shall submit along with a summary of the above record information, a statement indicating any additional comments that may assist the Division of Human Resource Management (HRM) in evaluating the leave transfer program. Information should be forwarded to the DDSN Director of Human Resource Management prior to January 15th of the following year.

PROCEDURES TO DONATE LEAVE

Annual Leave - DDSN employees may voluntarily request, in writing, by completing the DDSN Donation Request form, that a specified number of hours of their accrued annual leave to be transferred from their annual leave account to DDSN's annual leave transfer pool; such leave to be distributed to DDSN approved leave recipients.

Sick Leave - DDSN employees with more than fifteen (15) days in their sick leave account may voluntarily request in writing by completing the DSN Donation Request form, that a specified number of hours of their accrued sick leave be transferred from their sick leave account to DDSN's sick leave transfer pool; such leave to be distributed to DDSN approved leave recipients.

An employee wishing to donate sick and/or annual leave to the DDSN sick or annual leave transfer pool must do so prior to the end of the calendar year. An employee may donate no more than one-half of the annual or sick leave he earns within a calendar year to the appropriate pool leave account for that calendar year. Once leave of an employee has been transferred to pool account, it cannot be restored or returned to the leave donor. Leave donors may not designate transferred leave for a specific individual. Leave Donation Request Forms should be forwarded to the regional HRM office for review and subsequent submission to the DDSN Director of HRM.

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PROCEDURES TO REQUEST LEAVE

DDSN employees with a personal emergency may request sick or annual leave from the appropriate DDSN pool account by completing the DDSN Recipient Request form (Attachment B) and submitting it through supervisory channels to the State Director. Each separate request must be for a period of thirty (30) working days.

LEAVE APPROVAL

Budget and Control Board Guidelines - The Budget and Control Board has established minimum criteria that must be met and substantiated in writing by agencies when approving leave transfer requests. While DDSN may request additional information prior to making a determination of a leave transfer request, the established minimum criteria are:

1. The requesting employee must be eligible to accrue sick and/or annual leave to qualify as a recipient of transferred leave.
2. The requesting employee must have experienced a personal emergency which means a medical or family emergency or other hardship situation that is likely to require an employee's absence from duty for a prolonged period of time and to result in a substantial loss of income to the employee because of the unavailability of paid leave.
3. A personal emergency is limited to catastrophic and debilitating medical situations, severely complicated disabilities and severe accident cases; each of which would require a prolonged period of recuperation. Routine disabilities or disabilities resulting from elective surgery do not qualify for leave transfers.
4. A "prolonged period" as used in the definition of a personal emergency (see State Employee Leave Transfer Program) is generally interpreted to be a minimum of thirty (30) working days. An employee must have been in leave without pay for at least thirty (30) working days or documentation must certify a medical emergency will result in an employee being in leave without pay for this length of time.
5. Employees who become eligible for other paid benefits for periods of absence from work will generally be considered ineligible for leave transfers. Examples of other paid benefits include but are not limited to workers compensation, long term disability and disability retirement benefits.
6. There must be sufficient leave in the appropriate leave bank and sufficient funds to pay for the requested leave.

District Directors / Facility Administrators - upon receiving a completed recipient request form, the District Director or Facility Administrator as appropriate shall review request to ensure request is appropriate and contains sufficient documentation to support the personal emergency. After review, the District Director or Facility Administrator as appropriate will forward all requests to the State Director's Office with a recommendation for approval or disapproval.

Central Office Approval - the State Director or his designee will review all information submitted and select requests for approval by the State Director. If the State Director denies a leave request, the denial is final and the employee has no right to appeal.

Some of the factors which will be considered during the review process are:

1. Length of state service;
2. Annual or sick leave balances;
3. Prior requests for an advance of sick leave;
4. Length of prior disability leave if applying for additional sick leave;
5. Warning notices or counseling statements for leave abuse;
6. Workers' compensation records if applying for additional sick leave related to an on-the-job injury;
7. Patterns of leave usage;
8. Overall performance;
9. Total leave used from the transfer pool during current calendar year;
10. Severity of the medical or family emergency; and
11. Explanation of the hardship situation that will be created if the leave transfer is not approved.

USE OF ANNUAL OR SICK LEAVE FROM LEAVE TRANSFER POOL

Upon approval of leave request, leave will be transferred in the amount and type requested to the appropriate leave account of the recipient from the leave transfer pool. The recipient may use the leave from the pool account in the same manner and for the same purposes as if the employee had accrued the leave in the manner provided by law.

Annual or sick leave transferred under this program may be applied retroactively for prior periods of leave without pay if appropriate justification is presented.

Annual leave or sick leave presently accrued or that accrues to the account of the leave recipient must be used before using any leave from the leave transfer pool.

ACTIONS UPON TERMINATION OF EMERGENCY OR EMPLOYMENT

Emergency Termination - The personal emergency affecting a leave recipient termination when the State Director or his designee determines that the personal emergency no longer exists or the leave recipient's employment terminates.

The District Director/Facility Administrator will continuously monitor the status of the personal emergency affecting the leave recipient and establish procedures to ensure that the leave recipient is not permitted to receive or use transferred leave from a pool account after the personal emergency ceases to exist. When the personal emergency terminates, further requests for transfer of leave to the recipients leave account will not be approved and the State Director's Office will be notified immediately of the termination of the personal emergency. Any

transferred leave remaining to the credit of the leave recipient must be restored to the appropriate pool account by completing a Leave Restoration form and forwarding it to the Director of HRM at Central Office.

Employment Terminates - Transferred leave from a pool account remaining to the credit of a leave recipient upon termination of employment must be restored to the appropriate pool account by completing a leave restoration form and forwarding it to the Director of HRM at Central Office. When employment terminates, transferred leave from a pool account must not be transferred to another employee, nor included in a lump sum payment for accrued leave nor included in the leave recipient's total service for retirement computation purposes.

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(Approved)